

DOCKET NO.: WEST14-00033  
CUSTOMER NO.: 23990

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of : Paul F. Struhsaker et al.  
U.S. Patent No. : 6,925,516  
Issued : August 2, 2005  
Application No. : 09/839,513  
Filed : April 20, 2001  
For : SYSTEM AND METHOD FOR PROVIDING AN  
IMPROVED COMMON CONTROL BUS FOR USE  
IN ON-LINE INSERTION OF LINE  
REPLACEABLE UNITS IN WIRELESS AND  
WIRELINE ACCESS SYSTEMS  
Group No. : 2111  
Examiner : Raymond Ngan Phan  
Confirmation No. : 2906

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND  
CHANGE OF CORRESPONDENCE ADDRESS**

The undersigned attorney, on behalf of and including the attorneys/agents associated with Customer No. 23990, hereby withdraw as attorneys or agents in connection with the above-identified matter.

The reasons for withdrawal are that the Owner/Applicant (1) has effectively discharged the practitioners by failing to respond and communicate with practitioners to

reasonable requests concerning representation and/or (2) has failed to pay one or more bills rendered by the practitioners for an unreasonable period of time and/or has knowingly and freely assented to termination of the employment.

Accordingly, the practitioners believe that no further action on the part of the practitioners is necessary for withdrawal. However, as a precautionary matter, the practitioners have taken reasonable steps to avoid any foreseeable prejudice to the rights of the Owner/Applicant, including having performed the following:

- Given due notice to the Owner/Applicant that the practitioners are withdrawing from representation in this matter and have filed, or will be filing, the necessary papers with the Patent & Trademark Office,
- Delivered to the Owner/Applicant all papers and property to which the Owner/Applicant is entitled, or requesting instructions from the Owner/Applicant regarding disposition of the Owner/Applicant's files; and
- Notified the Owner/Applicant of any responses that may be due and the time frame within which Owner/Applicant must respond.

Please address all future correspondence to:

Mr. Michael S. Hynek  
17519 Muirfield Drive  
Dallas, Texas 75287

Respectfully submitted,

MUNCK CARTER, P.C.

Date: 11 Dec 2008

John T. Mockler  
John T. Mockler  
Reg. No. 39,775

Docket Clerk  
P.O. Drawer 800889  
Dallas, Texas 75380  
Phone: (972) 628-3600  
Fax: (972) 628-3616  
Email: [jmockler@munckcarter.com](mailto:jmockler@munckcarter.com)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Patent Number	7,230,931
Issue Date	June 12, 2007
First Named Inventor	Paul F. Struhsaker
Art Unit	2616
Examiner Name	Salman Ahmed
Attorney Docket Number	WEST14-00103

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 23990

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Please see attachment.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. ☒ Inventor or  
Assignee name Michael S. Hynek

Address 17519 Muirfield Drive

City Dallas	State Texas	Zip 75287	Country USA
Telephone	Email		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name John T. Mockler Registration No. 39,775

Address 600 Banner Place, 12770 Coit Road

City Dallas	State Texas	Zip 75251	Country USA
Date 11 Dec. 2008	Telephone No. 972-628-3600		

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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